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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☐

Declaration
Submitted
with Initial Filing

OR

☐

Declaration
Submitted after
Initial Filing

Attorney Docket Number

M 6185 HST/CCA-E-COIL

First Named Inventor

Bruce H. GOODREAU

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

COMPOSITION AND PROCESS FOR MULTI-PURPOSE TREATMENT OF METAL SURFACES

(Title of the Invention)

the specification of which

☐

is attached hereto

OR

☒

was filed on (MM/DD/YYYY)

10/13/1998

as United States Application Number or PCT International

Application No.

PCT/US98/20933

and was amended on

(if

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO	
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
60/062,095	10/14/1997	

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION

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I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/US98/20933	10/13/1998	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name Customer Number or label

OR

☒ List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number
Ernest G. Szoke	22,135	John E. Drach	32,891
Wayne C. Jaeschke	21,062	Glenn E. J. Murphy	33,539
Real J. Grandmaison	25,981	Stephen D. Harper	33,243
Norvell E. Wisdom, Jr.	30,510		

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number or label 00423 OR ☐ Fill in correspondence address below

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City	Gulph Mills	State	PA
Country	USA	Telephone	610-278-4920
		Fax	610-278-6548

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name	Bruce	Middle Initial	H	Family Name	GOODREAU	Suffix e.g. Jr.	
Inventor's Signature	<i>Bruce H. Goodreau</i>				Date	November 16, 1998	
Residence: City	Romeo	State	MI	Country	US	Citizenship	US
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Post Office Address							
City	Romeo	State	MI	Zip	48065	Country	US
				Applicant Authority			

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

Type a plus sign (+) inside this box

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name		Thomas				Middle Initial		J		Family Name		PRESCOTT				Suffix e.g. Jr.					
Inventor's Signature										Date		November 16, 1998									
Residence: City		Troy				State		MI		Country		US				Citizenship		US			
Post Office Address		1601 Brentwood																			
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City		Troy				State		MI		Zip		48098				Country		US			
Applicant Authority																					
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name						Middle Initial				Family Name						Suffix e.g. Jr.					
Inventor's Signature										Date											
Residence: City						State				Country						Citizenship					
Post Office Address																					
Post Office Address																					
City						State		zipco		Zip						Country					
Applicant Authority																					
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name						Middle Initial				Family Name						Suffix e.g. Jr.					
Inventor's Signature										Date											
Residence: City						State				Country						Citizenship					
Post Office Address																					
Post Office Address																					
City						State				Zip						Country					
Applicant Authority																					
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name						Middle Initial				Family Name						Suffix e.g. Jr.					
Inventor's Signature										Date											
Residence: City						State				Country						Citizenship					
Post Office Address																					
Post Office Address																					
City						State				Zip						Country					
Applicant Authority																					
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto																					

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